

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>215513852</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>OLD DOMINION INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS, INC.</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>FL</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2015</b></p> <p>SCC ID NO: <b>F1337866</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,500,000
CLASS	AUTHORIZED					
COMMON	2,500,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4601 TOUCHTON ROAD EAST, SUITE 3300</p> <p style="text-align: center;">CITY/ST/ZIP: JACKSONVILLE, FL 32246-4485</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREGG A EFFNER  TITLE: PRESIDENT  ADDRESS: 4601 TOUCHTON RD E STE 3300  CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246-4485 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GREGG A EFFNER TITLE: PRESIDENT ADDRESS: 4601 TOUCHTON RD E STE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246-4485	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GREGG A EFFNER TITLE: PRESIDENT ADDRESS: 4601 TOUCHTON RD E STE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246-4485	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BILL SHIRKEY  TITLE: VICE PRESIDENT  ADDRESS: 4601 TOUCHTON RD EAST  SUITE 3300  CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BILL SHIRKEY TITLE: VICE PRESIDENT ADDRESS: 4601 TOUCHTON RD EAST SUITE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD J. KUHL  TITLE: TREASURER/CONTR  ADDRESS: 4601 TOUCHTON ROAD EAST  STE 3300  CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD J. KUHL TITLE: TREASURER/CONTR ADDRESS: 4601 TOUCHTON ROAD EAST STE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS M VAN BERKEL  TITLE: COB/CEO  ADDRESS: 4601 TOUCHTON ROAD EAST  SUITE 3300  CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246-4486 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS M VAN BERKEL TITLE: COB/CEO ADDRESS: 4601 TOUCHTON ROAD EAST SUITE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246-4486	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRUCE R FOX  TITLE: SECRETARY  ADDRESS: 4601 TOUCHTON ROAD EAST  SUITE 3300  CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRUCE R FOX TITLE: SECRETARY ADDRESS: 4601 TOUCHTON ROAD EAST SUITE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRUCE R FOX TITLE: SECRETARY ADDRESS: 4601 TOUCHTON ROAD EAST SUITE 3300 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	TERRY L. BAXTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	COTTON M. CLEVELAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	JOHN A. DELANEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	R. CHRIS DOERR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	ALBERT H. ELFNER III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	ERIC S. ELLIOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	DAVID FREEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	WILLIAM D. GUNTER, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	IDALENE F. KESNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		
NAME:	JAMES E. MORLEY, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4601 TOUCHTON RD. EAST SUITE 3300		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRUCE R FOX

BRUCE R FOX, SECRETARY

4/13/2015

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.